Ectopic varices in a pancreatojejunal anastomosis: a rare cause of hemorrhage

Ectopic variceal bleeding is a rare cause of gastrointestinal hemorrhage, representing up to 5% of all variceal bleeding episodes [1]. The most common cause of ectopic variceal bleeding is portal hypertension (from both intrahepatic and extrahepatic causes) [2]. In the absence of portal hypertension, other causes may include abdominal surgery, abnormalities in the venous outflow vessels, abdominal vascular thrombosis, hepatocellular carcinoma, pancreatitis, and familial syndromes [2,3]. Ectopic variceal bleeding can pose a diagnostic dilemma and endoscopy plays a major role in the diagnosis and treatment of this condition.

A 56-year-old man presented to the emergency room with a 1-week history of melena. The patient’s medical history included a pancreatic adenocarcinoma treated 2 years previously with a pylorus-preserving pancreatoduodenectomy and chemotherapy. On admission, his vital signs were stable but the results of a laboratory workup showed severe anemia (hemoglobin 6.4 g/dL). After he had undergone esophagogastroduodenoscopy (EGD) and colonoscopy, both of which were normal, it was decided to perform a push enteroscopy through the afferent and efferent jejunal limbs. Signs of fresh blood were noted in the afferent limb and the pancreatojejunal anastomosis was reached. A rupture point was identified (Fig. 1a) and treated with injection of 2 mL of a mixture of cyanoacrylate and Lipiodol. Post-treatment abdominal radiography confirmed the location and occlusion of the varices (Fig. 2). A follow-up endoscopy 2 weeks later revealed obliterated varices (Fig. 3) and no additional intervention was required.

To the authors’ knowledge, this is the first report with imaging of ectopic varices in a pancreatojejunal anastomosis. As well as reporting the successful resolution of this unusual situation with conventional endoscopic therapy, we emphasize the appearance of this abnormality with these rare endoscopic images.

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Bruno Moreira Gonçalves1, Pedro Bastos1, Pedro Leão2,3,4, Carla Rolanda1,3,4
1 Department of Gastroenterology, Hospital Braga, Braga, Portugal
2 Department of General Surgery, Hospital Braga, Braga, Portugal
3 Life and Health Sciences Research Institute (ICVS), School of Health Sciences, University of Minho, Braga, Portugal
4 ICVS/3B’s – PT Government Associate Laboratory, Braga/Guimarães, Portugal
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Corresponding author
Bruno Moreira Gonçalves, MD
Serviço de Gasneterologia
Hospital de Braga
Sete Fontes – São Victor
4710-243 Braga
Portugal
Fax: +351-25-3027999
brunommgoncalves@gmail.com